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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	→ #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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2014 JAN 30 PH 5: 41

B. BOSTICK

JAN 3 1 2014

EXAMINER

COVER LETTER	±4 - 14±

TO: Registration Section Division of Corporations
SUBJECT: Skantless Clothing L.L.C. Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jeremy S. Seavey Name of Person
Jeremy S. Seavey Name of Person Skantless Clothing L.L.C. Firm/Company
314 Stillwater Dr. Address
Oviedo FL 32765 City/State and Zip Code Skantlessclothing@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
Skantlessclothing@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
Jeremy S. Seavey at (734) - 776 - 1434 Name of Person Area Code Daytime Telephone Number
For further information concerning this matter, please call: Developeration
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \ \text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}
Mailing Ackiress Street/Courier Ackiress

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section **Division of Corporations** Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

	Liability Company is:	-
	s Clothing L.L.C	
(M	ust end with the words 'Limited Liability C	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address The mailing address and	: street address of the principal office of the	Limited Liability Company is:
Principal Office Addre	ss: <u>Mailing Addres</u>	<u>'\$:</u>
314 Stilling	ter Dr. 314	1 Stillwater Do
Oviedo FL	227/6	1 Stillwater Dr.
VVIERO EL	56165 UVIE	100 FF 32/63
Oviedo FI	32765 <u>OV</u> 16	100 FL 32 (6.5
ARTICLE III - Registe (The Limited Liability Canother business entity	ared Agent, Registered Office, & Register ompany cannot serve as its own Registered with an active Florida registration.)	red Agent's Signature: Agent. You must designate an individu
ARTICLE III - Registe (The Limited Liability Canother business entity) The name and the Florid	ored Agent, Registered Office, & Registered ompany cannot serve as its own Registered with an active Florida registration.)	red Agent's Signature: I Agent. You must designate an individu
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ARTICLE III - Registe (The Limited Liability Canother business entity) The name and the Florid	ored Agent, Registered Office, & Registered ompany cannot serve as its own Registered with an active Florida registration.) a street address of the registered agent are: Sereny S. Seave Name	red Agent's Signature: I Agent. You must designate an individu
ARTICLE III - Registe (The Limited Liability Canother business entity) The name and the Florid	ored Agent, Registered Office, & Register ompany cannot serve as its own Registered with an active Florida registration.) a street address of the registered agent are: Seremy S. Seave Name 314 Stillwater D	red Agent's Signature: I Agent. You must designate an individu

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. Ifurther agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

egistered Agent's Signature (REQUIRE)

(CONTINUED)
Page 1 of 2

Title: "AMBR" = Authorized Member "MGR" = Manager M G R	Name and Address: Jeremy S. Seavey
	314 Stillwater Dr. Oviedo FL 32765
effective date is listed, the date must be s	te of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 day
CLE V: Effective date, if other than the dateffective date is listed, the date must be steen of filing.)	
CLE V: Effective date, if other than the date effective date is listed, the date must be stee of filling.)	specific and cannot be more than five business days prior to or 90 day
CLE V: Effective date, if other than the date effective date is listed, the date must be suite of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: (In accordance with section constitutes an affirmation I am aware that any false constitutes a third degree	

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)